

**MONTANA BOARD OF CLINICAL LABORATORY SCIENCE  
PRACTITIONERS**

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Website: <http://www.discoveringmontana.com/dli/bsd/>

**APPLICATION FOR ACCREDITATION OF CONTINUING EDUCATION**

1. Name and address of organization providing or sponsoring the activity (not the name of person applying):

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2. Telephone number of the provider/sponsor: \_\_\_\_\_

3. Title of the educational activity: \_\_\_\_\_

4. Date(s) and location(s): \_\_\_\_\_

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5. Registration fee: \_\_\_\_\_

6. Method(s) of presentation:

\_\_\_ faculty in room with participants

\_\_\_ satellite/microwave

\_\_\_ telephone to broadcast sit

\_\_\_ video presentation

\_\_\_ discussion leader present

\_\_\_ audio presentation

7. List any admission restrictions: \_\_\_\_\_

8. Method of evaluation:

\_\_\_ participant critique

\_\_\_ independent evaluator

\_\_\_ examination

\_\_\_ other: \_\_\_\_\_

\_\_\_ none

(Specify)

9. Description of materials to be distributed:

\_\_\_ total pages

\_\_\_ loose leaf

\_\_\_ bound

10. When are materials distributed:  
\_\_\_\_before program      \_\_\_\_at program      \_\_\_\_other:\_\_\_\_\_  
(Specify)

11. REQUIRED ATTACHMENTS to the application:  
a. Time schedule (if available)  
b. Table of contents, brochure, course outline, course description, or equivalent  
c. Faculty name(s) and credentials (if not in brochure or description)  
d. An explanation as to how this course is germane to this profession

12. Total minutes of instruction, not including breaks, meals, or introductions:

\_\_\_\_\_

13. Has this course been approve by other states:

Granted by: \_\_\_\_\_

Has this course been denied by other states:

Denied By: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Applying(type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

***BOARD USE ONLY***

***Course Number*** \_\_\_\_\_

Approved for \_\_\_\_\_ continuing education credits.

Disapproved. - Reason for disapproval \_\_\_\_\_

CE COMMITTEE MEMBER SIGNATURE: \_\_\_\_\_